Affidavit For Food Stamp Work Registrants

I understand I will not be eligible to receive food stamps if I do not follow the following work registration requirements:

- Register to work
- Provide sufficient information of job status and availability
- Accept a suitable job, if offered
- Must continue the job, once hired
- Will not voluntarily reduce job hours.

Although I may not be required to report to a Job Service Office at this time, I understand that they will help me find a job if I contact them. I agree to report to a Job Service Office and do a job search if directed to do so at a later time. I will accept a suitable job offer whether I receive the offer through a referral from Job Services or find a job on my own. If I have good cause to reduce my hours on the job or quit my job, I will first discuss it with my caseworker to make sure a sanction will not be applied.

Failure to follow the above requirements may result in a loss of food stamp benefits for the following time periods:

 One month for the first occurrence; Six months for the second occurrence; Twelve months for each occurrence thereafter. 	
Applicant's Signature	Date
The following members of my household must also follow	the above requirements:
I understand and will explain their responsibilities to the all above household members fails to follow the requirement	

Failure to sign this form will result in ineligibility for the entire household's benefits.

Date

stamp benefits may occur for the appropriate time periods listed above.

Distribution: White copy: Recipient; Yellow Copy: Case File

Applicant's Signature